

Executive Summary

Despite improvements in healthcare delivery and a slight decline in the rate of uninsured women, the health of Kentucky women remains mixed. In recent years we have seen improvements in many areas of maternal and reproductive health with the lowest infant mortality rate in history and a continued decline in teenage births. More women have access to prenatal care and are knowledgeable of the benefits of taking folic acid. We are also pleased with the decline in mortality rates of breast and gynecological (ovarian, cervical and uterine) cancers, due in large part to the highest rates of breast and cervical cancer screenings in history.

However, the health of Kentucky women is steadily declining due to poor dietary habits, high rates of smoking, and a lack of physical exercise. Combined together, these behavioral risk factors have led to an increase in obesity, hypertension and diabetes for women in the past decade. Heart disease is the leading cause of death for women in the state; the mortality rate of heart disease among Kentucky women exceeds the national rate 441 deaths/100,000 women versus 401 deaths/100,000 women.

Kentucky's population is aging and the women are no exception. In the next few decades women over the age of 65 will represent 25 percent of the population and with an increased longevity comes unique health concerns. As such, aging itself has become a women's health issue. Post-menopausal health will be equally as important as traditional reproductive health. And not to be forgotten, women in their middle years (from ages 44 to 65) are especially susceptible to chronic diseases such as diabetes, arthritis, and thyroid disease. These women are often "sandwiched" between caring for their own children and caring for ailing, older parents. Coupled with their own career and personal demands, middle aged women often find themselves too busy to make healthy lifestyle choices or overwhelmed with conflicting priorities.

To better understand the status of women's health in Kentucky, this report describes the issues of importance to women's physical and mental health at various life points. Where appropriate, Kentucky statistics have been compared with national norms or trends in surrounding states.

YOUNG WOMEN'S HEALTH ISSUES

Adolescence is a very special time in a young woman's maturation. Bodily changes, reproductive development, and exposure to lifestyle choices pose new and challenging situations that can influence a young woman's health. Some, such as substance abuse and risky sexual behavior, can have lifelong consequences. This is a time when establishing a healthy view of one's maturing body is an important first step to maintaining a positive body image.

- Kentucky saw a decline in infant, child and teen mortality rates from 1990 to 1998, as well as a decline in teen dropouts and teens not attending school.
- During the 1990's Kentucky's teen birth rate dropped from 68 births per 1000 females aged 15-19, to 56. This rate, however, is still above the national norm of 50 births per 1,000 adolescent females.
- Kentucky's teen pregnancy rate declined 12.5 percent from 1995 to 1997.
- Teens are at high behavioral risk for acquiring most sexually-transmitted diseases (STDs).
- Young women in Kentucky have one of the highest

smoking rates of youth in the nation. Two-thirds of the girls who smoke frequently said they do so to eliminate stress.

- In Kentucky, the five leading causes of death for female youths ages 15 to 24 were unintentional injuries, suicide, homicide, malignant neoplasms and heart disease.

MATERNAL AND REPRODUCTIVE HEALTH

Maternal and reproductive health remain a cornerstone of public health services. Programs aimed at prenatal health through post-delivery care have resulted in more women having healthier babies. In 2001, Kentucky reported the lowest infant mortality rate since statistics were first recorded.

- Infant mortality rates declined 25 percent between 1991 and 1999 and now are the same as the national rate. However, racial disparities exist. In 1998, there were 6.9 deaths per 1,000 live births for white women, in comparison to 14.7 deaths per 1,000 live births for black women.
- Low birth weight, (a baby weighing less than 2500 grams or 5 pounds/2 ounces at birth), is a contributing factor to infant mortality. The rate of low birth weight due to short gestation decreased slightly in 2000, however, the low birth weight rate for full-term

babies slightly increased.

Factors contributing to low birth weight full-term babies include but are not limited to: smoking, alcohol, illegal drug use, and multiple births.

- Pre-term delivery rates are increasing for Kentucky's white women and decreasing for black women.
- "Presumptive eligibility" for Medicaid services to pregnant women was implemented in 2001 to give women 90 days of prenatal care while full Medicaid eligibility is being determined.
- It is believed that babies born with fetal alcohol syndrome are seriously underreported in the state.
- Nearly 40,000 women in Kentucky received folic acid supplements in 2001.
- The birth rate for women ages 30-34 rose 5 percent between 1999 and 2000 and is the highest in 30 years.
- In 2000, Kentucky local health departments served nearly 119,000 clients in their family planning clinics. Of these, the majority used oral contraceptives as their choice of birth control.
- Three fertility clinics in Kentucky serve clients with fertility complications ranging from tubal disorders to endometriosis.
- Kentucky is one of 25 states that provides "direct access" to ob/gyn care. This enables a woman to schedule ob/gyn services without a referral from her managed care primary physician.

CHRONIC CONDITIONS

Chronic conditions are considered to be medical ailments that are not easily cured and require continued monitoring, intervention and therapy. Kentucky women exhibit many of the lifestyle risk factors – smoking, poor diet, sedentary lifestyle – that are known contributors to chronic conditions. The most well known and frequently discussed chronic conditions are hypertension, heart disease, diabetes, cancer and stroke.

- In 2000, 23 percent of the women in Kentucky reported their health as being "fair to poor" in contrast to 15 percent of women nationwide.
- According to surveillance data collected by the Kentucky Department for Public Health, Kentucky women have the highest rate of sedentary lifestyle of women in the nation.
- Similarly, obesity rates for women in Kentucky have risen dramatically over the past ten years, from 12.7 percent in 1990, to 22 percent in 2000.
- Smoking contributes to serious chronic conditions such as heart disease, chronic obstructive lung disease, emphysema, cancer and stroke.
- Women utilized ambulatory services 33 percent more often than men, even if you excluded pregnancy-related visits.

- The burden of cardiovascular disease in Kentucky is among the highest in the nation, ranking 5th in age adjusted mortality rates.
- Heart disease should no longer be considered a “man’s disease.” Women exhibit unique signs and symptoms when having a heart attack that differ from men.
- Admissions to hospitals due to cardiovascular disease represents the largest proportion of non-pregnancy related hospitalizations for women in Kentucky.
- In Kentucky, 41.6 percent of black women have hypertension, compared to 28.5 percent of white women.
- Women and the elderly account for more of the population with diabetes; about 54 percent of the diabetic population.
- In 1999, chronic obstructive lung disease was the 5th leading cause of death among Kentucky women.
- Since 1980, female asthma rates have nearly doubled.
- Arthritis, more common in women than men, is considered by the Centers for Disease Control and Prevention to be the leading cause of disability in the U.S.
- Women are at particular risk for osteoporosis because, even at their peak, bone mass for women is naturally lower than for men. Post-menopausal women are at highest risk due to a loss of estrogen’s bone protective nature.

CANCERS

Cancer is the second leading cause of death among women nationally and in Kentucky. For nearly a century, breast, colon and reproductive cancer mortality rates among women were high and held fairly constant. With improvements in screening, early detection and treatment, these high rates have been declining. In their place has come a surge in lung cancer mortality. In 1987, lung cancer surpassed breast cancer as the leading cause of cancer-related death in women.

- Breast cancer is the most common form of cancer among women and the second leading cause of cancer-related death (behind lung).
- Female breast cancer incidence rates increased from 140 per 100,000 women in 1996 to 160 per 100,000 in 1999; however, mortality rates have declined. An increase in incidence rate is to be expected with an increase in screenings.
- Nearly 75 percent of women age 50 and over have had a screening mammogram in the past year. The number of breast cancer screenings at local health departments increased 17-fold during the 1990s.
- Kentucky has a rather high, unexplainable rate of colorectal cancer both among men and women. Incidence rates among women are 48 per 100,000 women versus the national

average of 37 per 100,000.

- Mortality rates from colorectal cancer in African American women have increased since 1994 while rates for white women have declined.

TOBACCO USE AND SMOKING-RELATED ILLNESSES

Efforts to minimize tobacco use and smoking-related illnesses are challenged by the traditional economic, employment and political strength of the tobacco industry. Kentuckians (men & women) overall had the highest smoking rate in the nation in 2000; nearly one in three adults smoked cigarettes. The U.S. Surgeon General’s Report on Women and Smoking was released in early 2001 and drew considerable attention to the tobacco epidemic among women and the unique health care consequences of smoking on women’s health.

- Kentucky women had the second highest smoking rate in the nation in 2000 (behind Nevada).
- Kentuckians who smoke generally have 12 years of education or less, live in poverty and are under the age of 44.
- National data indicate that women, adolescents and whites are particularly vulnerable to developing nicotine-dependency symptoms and that at similar levels of smoking, women are more likely to become addicted than men.
- Women who smoke experience more wheezing,

breathlessness, persistent cough and asthma than men who smoke.

- Cigarette smoking during pregnancy can result in low-birth weight babies and is associated with long-term learning disabilities.
- Kentucky women have the second highest smoking rate during pregnancy in the nation and in some Eastern Kentucky counties nearly 50 percent of the pregnant women smoke.
- Both male and female middle school and high school student smoking rates greatly surpass national rates. A higher percentage of high school girls than high school boys report smoking in the prior month.
- 58 percent of all hospital discharges in the state for chronic obstructive lung disease are women.
- The percentage of women under age 50 with lung cancer is increasing in Kentucky.
- In 1999, the lung cancer incidence rate for females was 56.8 per 100,000 individuals, the third highest in the nation, and the age-adjusted female death rate from lung cancer was 51.9 per 100,000, the second highest in the nation.

MENTAL HEALTH AND MENTAL ILLNESS

At least one in four Kentuckians will experience some type of mental health problem in their lifetime. Women are twice as

likely as men to suffer from clinical depression and most anxiety disorders afflict women more often than men.

- According to public health data, nearly 30 percent of Kentucky women reported three or more poor mental health days in the previous month. Nearly 13 percent reported having a poor mental health day 30 days in the prior month.
- Self-reported mental health rates vary by race; generally white women report more poor mental health than black women.
- Kentucky women who reported high rates of mental distress are likely to have less than a high school education, be unemployed, and never married, or widowed/divorced/separated.
- In 2000, 22 percent of women and 43 percent of men receiving services at Kentucky community mental health centers were diagnosed with schizophrenia. Women were most often diagnosed with affective disorders (39 percent).
- Of the hospitalized women diagnosed with depression, 58 percent resided in a rural country versus 42 percent in urban areas.

SUBSTANCE ABUSE

Women fight a difficult battle when confronting substance abuse. Society views women with substance abuse

problems differently than men, usually with more shame and condemnation. Additionally, women are fearful of being separated from their children if their problem becomes public.

- According to estimates from the University of Kentucky in 1999, only approximately 22 percent of Kentucky's women who abused alcohol and/or other substances received treatment.
- Studies show that women develop substance abuse problems faster than men after the initiation of abuse and generally suffer more physical problems, such as vitamin deficiency, liver disease and diseases of the pancreas.
- Of the 1,062 female prisoners in the state in 2001, 42 percent had at least one drug-related offense.
- In 1999, the Center for UK Drug and Alcohol Research estimated that approximately seven percent of women of childbearing age (15-44 years) were in need of substance abuse treatment services. Prior studies indicated that approximately 10 percent of women who presented in local health departments for pregnancy testing were in need of substance abuse treatment.
- As part of the KIDS NOW initiative, pregnant women can receive counseling and treatment services for substance abuse.
- In 1999, approximately one half of all high school students reported drinking

in the prior month.

- Use of Oxycontin, a prescription narcotic, has been a particularly troublesome problem in Eastern Kentucky. Between 1998 and 2000, the number of clients being treated for an addiction to the drug within the state's community mental health system increased 163 percent.

VIOLENCE AGAINST KENTUCKY WOMEN

Historically, sexual assault and domestic violence were viewed as issues of importance to the justice system. Increasingly, however, public health advocates are recognizing and discussing the significance of a victim's short and long-term health consequences. Acts of violence are directly linked to a number of negative physical and mental consequences for women.

- Studies show that women are more likely to be killed by their male intimate partners than by any other type of perpetrator.
- The Governor and First Lady of Kentucky implemented a Executive Branch Policy on Domestic Violence and Sexual Assault in the Workplace aimed at eliminating domestic violence and sexual assault in any form.
- During 2001, over 2,000 women sought shelter from domestic abuse at one of the

state's battered women's shelters. An additional 20,500 women were served through the outreach or nonresidential services of these programs.

- During 2001, 4,300 women were served through the Rape Crisis Centers. An additional 2,648 family members and friends of victims were also served.
- Considerable advancements have been made in protecting victims of domestic violence and sexual assault.

RURAL WOMEN'S HEALTH

Over fifty percent of Kentucky's women live in a rural environment. As such, they are confronted with high rates of poverty, isolation and a lack of access to health care. In some areas, one in four individuals lacks health care insurance.

- The majority of women with household incomes less than \$15,000 annually report having fair to poor health.
- Twenty-six percent of the population living in the Kentucky River district (Southeastern Kentucky) lacks health care insurance.
- Access to health insurance is a significant factor in determining a woman's decision to seek regular and preventive health care.
- Behavioral risk factors such as smoking and lack of exercise are especially prominent in rural communities.
- In some Eastern Kentucky

counties, nearly fifty percent of all pregnant women smoke during pregnancy.

- Heart disease and shock accounted for 11 percent of rural women's hospitalizations compared to 8.7 percent of urban women's.
- Most female cancer incidence rates are higher in rural counties than urban. Breast cancer is the exception.
- The elderly in rural Kentucky suffer more from cerebrovascular disease and pneumonia/flu than urban counterparts.

COMMUNICABLE DISEASES

Advances in therapies and treatments for opportunistic infections have reduced the AIDS incidence and mortality among Kentuckians. However, the greatest increase in new AIDS cases in Kentucky is among women.

- The number of new AIDS cases among women remained constant between 1995 and 1999, but decreased 42 percent in men.
- Estimated AIDS deaths among males decreased 71 percent from 1995 to 1999 but only declined 33 percent among females during the same time.
- African American women are disproportionately affected by the AIDS epidemic, representing 42 percent of new AIDS cases among women in the state.

- Initiatives to target HIV testing among pregnant women and women at risk should be continued.

Women bear the greatest burden of sexually-transmitted diseases (STDs) in the nation and in Kentucky. Teens are especially vulnerable for acquiring STDs and more than 80 percent of all STDs occur among individuals less than 29 years of age.

- The overall incidence of chlamydia (among men and women) nearly doubled during the 1990s. Kentucky's youth aged 15 to 19 had the highest reported incidence of any age group. Left undetected, chlamydia can lead to pelvic inflammatory disease and infertility in women.
- The overall incidence of gonorrhea and syphilis dropped during the 1990s.

AGING ISSUES

Census data for 2000 indicate that 12.5 percent of the state's population is 65 years of age or older. Women comprise the majority of this age group. With an increase in life span to 80 years, women can expect to live one-third of their lives post-menopausal. This presents unique health concerns for the aging woman.

- Menopause signals a woman's loss of estrogen and is associated with a myriad of symptoms and an

increased risk of osteoporosis, heart disease, dementia and certain cancers.

- The majority of Kentucky women over the age of 35 that have had a hysterectomy or are menopausal or post-menopausal, are taking hormone replacement therapy.
- One in 10 people over the age of 65 has Alzheimer's disease.
- In 2000, 49 percent of the women in Kentucky were being treated for arthritis compared to 36 percent of the state's men.
- In 1999, 16 percent of the total population was enrolled in Medicare; 54 percent were female.
- Overall, more than half (52%) of retirees in Kentucky report not being able to afford all of their medical expenses.
- Women, because of their longer life span, are more likely than men to live with functional impairments necessitating a need for long-term care.
- Aging, is the most commonly cited reason a person needs assistance with care. The typical caregiver in this country is a married woman in her mid-40s who works full-time, is a high-school graduate, and has an annual household income of \$35,000.

Women's health in Kentucky is a complex mix of social, demographic, cultural and

political forces. Traditional views of women as primary caregivers, often placing their own health at risk while caring for others, has left a legacy of mixed views as to what women's health actually encompasses. From a public health perspective, great strides have been made in maternal and child health in the past decade and Kentucky women are delivering healthier babies each year. The challenge will be to extend healthy behaviors into middle age when women are most vulnerable to chronic diseases such as cancer, heart disease and diabetes. It will require a clear understanding of the unique health needs of women across their life span and a commitment to viewing women's health in a broader social, economic and cultural context.